

UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OMB AP	PROVAL				
OMB Number 3235-007 Expires: May 31, 200 Estimated average burden hours per response:16.00						
SEC USE ONLY						
Prefix		Serial				
	i	1				
DATE RECEIVED						
	1	1				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
Sale of Common Stock							
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 5	06 Section 4(6) ULOE						
Type of Filing: New Filing							
A. BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer							
Name of Issuer (check if this is an amendment and name has changed, and in	ndicate change.)						
Chockstone, Inc.							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
309 SW Sixth Avenue, Suite 810, Portland, OR 97204	503-227-4538						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
(if different from Executive Offices) Same as above	Same as above						
Brief Description of Business							
Information Systems Services							
<u> </u>							
Type of Business Organization							
□ Corporation	d						
☐ business trust ☐ limited partnership, to be formed							
, Month Year							
Actual or Estimated Date of Incorporation or 1 0 0 2	✓ Actual ☐ Estimated						
Organization:	_						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service a	bbreviation for State:						
(N for Canada: EN for other foreign jurisdiction)							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

-State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



2. Einer the information requested for the following: Pach beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the fisseer, Each secutive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lipp, Jeffrey D. Subsess or Residence Address (Number and Street, City, State, Zip Code) 90 SW Sith Avenue, Suite 810, Portland, OR 97204 Check Box(es) that Apply: Promoter Beneficial Owner Beceutive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Devlin, Daniel T. Check Box(es) that Apply: Promoter Beneficial Owner Beceutive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Devlin, Daniel T. Full Name (Last name first, if individual) Lipp, Robert Full Name (Last name first, if individual) Lipp, Robert Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Loftenses, Scott Director General and/or Managing Partner Full Name (Last name first, if individual) Loftenses, Scott Director General and/or Managing Partner Full Name (Last name first, if individual) Loftenses, Scott Director General and/or Managing Partner Full Name (Last name first, if individual) Loftenses, Scott Director General and/or Managing Partner Full Name (Last name first, if individual) Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) One Towne Square, Sulte 100, Southfield, MI 48976 (Number and Street, City, State, Zip Code) One Towne Square, Sulte 100, Southfi	A. BASIC IDENTIFICATION DATA								
Bush beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply:	2. Enter the information requested for the following:								
of the issuer; Each general and director of corporate issuers and of corporate general and managing partners of partnership issuers; and	•								
Each executive officer and director of corporate issuers and of corporate general and managing partner of partnership issuers. Check Box(es) that Apply:	·								
Each general and managing partner of partnership issuers. Check Box(es) that Apply:	of the issuer;								
Check Box(es) that Apply:	 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 								
Full Name (Last name first, if individual)	Each general and managing partner of partnership issuers.								
Lipp, Jeffrey D. Business or Residence Address									
Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, Suite 310, Portland, OR 97204 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Pull Name (Last name first, if individual) Powlin, Daniel T. Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, Suite 310, Portland, OR 97204 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lipp, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, Suite 310, Portland, OR 97204 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Loftesness, Scott Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, Suite 310, Portland, OR 97204 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Grosfeld Oregon Investments, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One Towne Square, Suite 1600, Southfield, MI 48076 (Number and Street, City, State, Zip Code) General and/or Managing Partner Pull Name (Last name first, if individual) 35, LLC Sustiness or Residence Address (Number and Street, City, State, Zip Code) General and/or Managing Partner Pull Name (Last name first, if individual) Grosfeld Oregon Residence Address (Number and Street, City, State, Zip Code) General and/or Managing Partner Pull Name (Last name first, if individual) Grosfeld Oregon Executive Officer Director General and/or Managing Partner Pull Name (Last name first, if individual) Grosfeld Oregon Executive Officer Director General and/or Managing Partner Pull Name (Last name first, i									
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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities							
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 10% or more of a class of equity securities							
of the issuer;							
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and							
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner							
Full Name (Last name first, if individual)							
esta Corporation							
Business or Residence Address (Number and Street, City, State, Zip Code)							
09 SW Sixth Avenue, 12 th Floor, Portland, OR 97204							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner							
Full Name (Last name first, if individual)							
Shuman, David L.							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Bridger Capital, LLC, 101 Park Avenue, 48th Floor, New York, NY 10178							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING								
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							
	Answer also in Appendix, Column 2, if filing under ULOE.							
2.	What is the minimum investment that will be accepted from any individual?	\$	<u>N/A</u>					
3.	Does the offering permit joint ownership of a single unit?	Yes <u>X</u>	No					
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth, the information for that broker or dealer only.							
Ful	Name (Last name first, if individual)							
N/A								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Nar	ne of Associated Broker or Dealer							
Stat	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
	(Check "All States" or check individual States)	All States						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI]	[ID]					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN]	[MS]	[MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OK]	[OR]	[PA]					
	RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[WY]	[PR]					
Fui	Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
Stat	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
	(Check "All States" or check individual States)	All States						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI]	[ID]					
ſ	IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN]	[MS]	[MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR]	[PA]					
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[WY]	[PR]					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt \$ 5,000 5,000 Equity ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests Other (Specify 0 0 Total \$____5,000 5,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases 5,000 Accredited Investors ... Non-accredited Investors 0 0 Total (for filings under Rule 504 only)..... 1 5,000 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C -Question 1. Type of Dollar Amount Sold Security Type of offering Rule 505 N/A N/A N/A Regulation A N/A Rule 504 N/A N/A Total N/A N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs 0 \times 2,000 Legal Fees. Accounting Fees 0 Engineering Fees Sales Commissions (specify finders' fees separately) 0 0 Other Expenses (identify)

Total

2,000

 \times

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."					\$ <u>3,000</u>			
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth set forth in response to Part C - Question 4.b above.				•			
	•				Payments to Officers, Directors, & Affiliates		Payments to Others	
	Salaries and fees				\$0		\$0	
	Purchase of real estate		••••••		\$0		\$0	
	Purchase, rental or leasing and installation of	machinery and equipme	nt		\$0		\$0	
	Construction or leasing of plant buildings and	l facilities			\$ <u>0</u>		\$0	
	Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)	assets or securities of an	nother issuer		\$ <u> </u>		\$0	
	Repayment of indebtedness				\$0		\$0	
	Working capital		.,,,,,		\$0		\$0	
	Other (specify): software assets				\$ <u>0</u>	\boxtimes	\$3,000	
	Column Totals				\$0	×	\$3,000	
	Total Payments Listed (column totals added)				☒ \$	3,0	000	
		D. FEDER	RAL SIGNATURE					_
con	issuer has duly caused this notice to be signed by stitutes an undertaking by the issuer to furnish to t er to any non-accredited investor pursuant to para	the U.S. Securities and Ex	change Commission, upo					:
Issu	er (Print or Type)	Signature			Date			_
Chockstone, Inc.			July 7, 2004					
Nar	ne of Signer (Print or Type)	Title of Signer (Print	or Type)					
Jei	frey D. Lipp	President	•					
					•			
		AT	TENTION					
	Intentional misstatements or			ninal	violations, (See 18	U.S.C.	1001.)	_